-	PATENT AF	CATION Effective	Application or Doglet Number 10/056485 0445-0317										
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY				
TOT	TOTAL CLAIMS			Q					STAF	FEE		RATE	FEE
F08	FOR			NUMBER FILED		NUMBER EXTRA		2	SIC FEE	370.00	OR	BASIC FEE	740.00
	TOTAL CHARGEABLE CLAIMS			9 minus 20=		. @			x2 8=		OR	X\$18=	
INDE	INDEPENDENT CLAIMS			g minus 3 =		• 0		. [X42=		OR	X84=	
MUL	TIPLE CEPENC	ENT (CLAIM PR	RESENT					140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								-	TOTAL		OR	TOTAL	740
"	CLAIMS AS AMENDED - PART II								MALL I	ENTITY	OR.	OTHER SMALL	
AMENOMENITY	ì	CL REM	AMS AMS AMING FTER	;	HIG NUR PREV	MR 2) HEST HEER HOUSLY FOR	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
SKEN	Total	AME)	DMENT	Minus	PAI	20	•		X\$ 9=		OR	X\$18=	
		•	2	Minus	***	3	•	ı	X42=		OR	XB4=	
	FIRST PRESENTATION OF M			ALTIPLE DES	ENDEN	IT CLAIM			+140=.		OR	+280=	
		,						L	TOTAL	-	OR	ACOIT FEE	
1.	·	•			10-1	a	energy and	AE	XOIT. FEE	L	,	AUDIL PEE	
7		(Column 1)		•	(Column 2) HIGHEST		(Column 3)	ור		ADDI-	1		ADDI-
3 2			ADENG PTER		PREV	MOUSLY	PRESENT. EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
OMENT	Total	AME	NDMENT 4	Minus	PA	DFOR 20	• 25	1	X\$ 9=	PEE	OR	X\$18-	
EN	Independent	•	3	Minus .	***	3	.6	11	X42-		OR	X84-	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+280=	
								L	TOTAL		TOR	ADDIT, FEI	1 8 '
		10-	4\		#Col	umn 2)	(Column S		DOIT. FEE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
धर		RE	ALUTER 1) ELANUS MAINING AFTER		HII NU PRE	SHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDS- TIONAL FEE	1	RATE	ADDI- TIONAL FEE
AMENDMENT C	Total		2	Minus	-	20		11	X\$ 9-		OF	X\$18=	
	Independent	. 6	7	Minus	-	3	=]	X42=		OF	VOA	
IS	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										1		†
									+140=		OF		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Righest Number Proviously Paid For" IN THIS SPACE is test than 20, water "20," ***If the "Righest Number Proviously Paid For" IN THIS SPACE is less than 3, water "3."									TOTAL DOIT, FEE		OF	ADDIT. FE	
	"If the "Highest Na The "Highest Nar										cat in a	column 1.	
L									et and Total	emer Office	113.0	EPARTMENT	NE OF WHICH